APPENDIX A

DEFINITIONS OF KEY TERMS FOR OASIS IMPLEMENTATION

This appendix defines both terms directly related to OBQI and terms directly related to OBQI data processing.

1. DEFINITIONS OF TERMS DIRECTLY RELATED TO OBQI

Outcome-Based Quality Improvement (OBQI): A two-stage quality improvement approach, premised on the principle that patient outcomes are central to continuous quality improvement. The first stage begins with collecting uniform patient health status data and culminates with an outcome report that reflects agency performance by comparing the agency's outcomes to those of a reference group of patients (which could be patients from a prior period at the same agency). The second stage (or the outcome enhancement stage) consists of selecting target outcomes for follow up. It entails conducting an investigation to determine key care behaviors that influenced these target outcomes, culminating with the development and implementation of a plan of action to remedy substandard care practices or reinforce exemplary care practices. The effects of implementing the plan of action are evaluated in the next outcome report.

Outcome and Assessment Information Set (OASIS): A set of items developed largely for purposes of measuring (and risk adjusting) patient outcomes in home health care. OASIS items include sociodemographic, physiologic and mental/behavioral/emotional health status, functional status, and service utilization information. Since the OASIS is used for measuring outcomes, most data items are obtained at start of care and follow-up time points (i.e., every two months and discharge). The OASIS is not a comprehensive assessment but is intended to be integrated into agency clinical record forms. Periodic revisions will be made to the data set.

Outcome: A change in patient health status between two or more time points. Outcomes are changes that are intrinsic to the patient and can be positive, negative, or neutral changes in health status.

Outcome Measure: A quantification of a change in health status between two or more time points. In OBQI, outcome measures are computed utilizing OASIS data from start of care and from subsequent time points or discharge. Two common types of outcome measures used in OBQI pertain to Improvement in or Stabilization of a specific health status attribute.

Outcome Report: A graphical or tabular document that compares an agency's patient outcomes for a given time period to either (1) analogous agency-level outcomes for a prior time period, (2) outcomes for a reference sample of patients from other agencies, or (3) both of the above. An outcome report contains information on selected outcome measures for all patients in the agency, or for patients with specific conditions.

Case Mix Report: A graphical or tabular document that provides average values for patient attributes at start of care. Comparative data are provided for either (1) agency case mix for a prior time period, (2) case mix for a reference sample of patients from other agencies, or (3) both of the above.

Risk Factor: A patient condition or circumstance that (positively or negatively) influences the likelihood of a patient attaining the outcome.

Risk Adjustment: The process of minimizing the effects of risk-factor differences when comparing outcome findings between two groups of patients. Two common risk adjustment methods are grouping/stratification and (multivariate) statistical procedures.

Outcome Enhancement: The second phase of OBQI, consisting of selecting target outcome(s), investigating to determine key care behaviors that influenced the target outcome(s), and developing and implementing a plan of action to remedy substandard care practices or to reinforce exemplary care practices.

2. DEFINITIONS OF TERMS DIRECTLY RELATED TO OBQI DATA PROCESSING

Data Entry: Entry of data from a paper (clinical record) form into a software package that contains the appropriate data entry fields for the form. Data entry of OASIS items typically consists of entering a single numeric value corresponding to the response selected on the form.

Data Editing: After an OASIS record has been entered, it is possible to detect various types of errors and edit (or update) the contents of the record. Editing is normally done only if errors are discovered in the data. Edit-checking software provides the most convenient method for determining whether errors exist in an OASIS data file (see "Edit Checks" below).

Encoding: The process of entering OASIS data into a computerized database. Performing manual data entry, using scannable paper forms, and documenting through point of service computer systems are examples of methods used to encode data.

Edit Checks: The OASIS items define a set of rules (both explicit and implicit) for what can be considered logical responses to individual items or a set of related items. Edit checks are the formal specification of these rules. Some common types of edit checks are range checks (to determine if a response falls within the range of acceptable values for a given item), missing data checks, and checks for logical inconsistencies (both within an individual item and between two or more items). Edit-checking software runs a large number of edit checks on an OASIS data file and generates a report listing any data collection rules that have been violated for each specific patient.

Data Tracking: Refers to the process of keeping track of the various records that comprise an episode of care for an individual patient according to the OASIS data collection protocol. In order to compute outcome measures, it is necessary to have complete data from start of care until discharge. This includes such intervening time points as assessments performed at 60-day intervals, transfer to an inpatient facility, and resumption of care after an inpatient stay. Tracking systems (whether paper- or computer-based) rely on key patient identifying information to match the records that form an episode of care. Key identifying information in the OASIS includes patient ID number, Medicare number, last name, date of birth, and start of care date.

Point of Service Clinical Documentation Software: Refers to software that permits paperless collection of assessment information such as OASIS. Such software runs on a laptop, hand-held, or other type of portable computer to provide a means for clinical staff to enter assessment information in the patient's home. Once entered, data are then transferred (or uploaded) to a central computer system that houses a master database. Information that will be needed for upcoming visits may also be downloaded to the portable computer prior to the visits. Data editing and tracking are needed even when using such software. Ideally, editing and tracking functions should be integrated with the data entry software (either on the portable or central computer system).